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Texas Department of Agriculture *Speaker Qualification Form*

SPC-409

COMMISSIONER SID MILLER

	¹ SPONSOR INFORMATION						
SECTION A	Course Provider Name				Agency Business	University Association	
	Speaker Name		Employer Name (if applicable)				
	² CONTACT PERSON						
	☐ Mr. ☐ Mrs. ☐ First Name ☐ Ms. ☐		. Last Name	Last Name			
	³ MAILING ADDRESS						
	Address						
	City				State Zip		
	⁴ CONTACT INFORMATION						
	Primary Phone () -		Secondary Phone (optional) () -		Fax (optional) () -		
			-		to post your e-mail address on website? Yes No		
SECTION B	¹ METHOD OF QUALIFICATION *ONLY ONE REQUIRED*						
	Licensed as a Certified Applicator with the TDA for five (5) years or more in the category being taught. Certified Applicator license number here.					∐ No	
	A degree from a recognized institution of higher learning which pertains to course being taught. Attach proof of diploma for verification.				Yes	☐ No	
S	Verifiable proof of training or teaching experience within the preceding three (3) years. Attach agenda or brochure from training/teaching event for verification.				Yes	☐ No	